



Case # _____

PLANNING APPLICATION

This is the general application form for Boards and Commissions. In addition, applicants should submit a checklist with the requirements for the application type indicated below. Attach additional sheets if necessary.

I. REVIEW REQUESTED:

- ☐ Administrative Appeal
- ☐ Administrative Departure
- ☐ Amended Final Development Plan
- ☐ Amended Final Development Plan - Sign
- ☐ Basic Development Plan Review
- ☐ Basic Site Plan Review
- ☐ Community Plan Amendment
- ☐ Concept Plan
- ☐ Conditional Use
- ☐ Development Plan Review - Bridge Street District
- ☐ Development Plan Review - West Innovation District
- ☐ Final Development Plan
- ☐ Final Plat
- ☐ Informal Review
- ☐ Minor Modification
- ☐ Minor Project Review
- ☐ Minor Subdivision
- ☐ Non-Use (Area) Variance
- ☐ Preliminary Development Plan/PUD Rezoning
- ☐ Preliminary Plat
- ☒ Site Plan Review - Bridge Street District
- ☐ Site Plan Review - West Innovation District
- ☐ Special Permit
- ☐ Standard District Rezoning
- ☐ Use Variance
- ☐ Waiver Review
- ☐ Wireless Communications Facility
- ☐ Zoning Code Amendment

II. PROPERTY INFORMATION: Provide information about the property including existing and proposed development.

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| Property Address(es): Bridge Park Block H | |
| Tax ID/Parcel Number(s) (List All): 273-012751 273-012752 | Parcel Size(s) in Acres (List Each Separately): 2.282 Ac. 1.150 Ac. |
| Existing Land Use/Development: Vacant land | Existing Zoning District: BSD Scioto River |
| Proposed Land Use/Development: Attached Single Family | Proposed Zoning District: |

III. CURRENT PROPERTY OWNER(S): Indicate the person(s) or organization(s) who own the property proposed for development.

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|--|
| Name (Individual or Organization): Nelson Yoder, Bridge Park H Block LLC |
| Mailing Address (Street, City, State, ZIP): 6640 Riverside Drive, Suite 500 Dublin, Ohio 43017 |
| Email/Phone Number: nyoder@crawfordhoying.com/614.335.2020 |



IV. APPLICANT(S): Complete this section if the person/organization representing the applicant/ property owner is different from the applicant.☐ Not Applicable

| | |
|---|--|
| Name (Individual or Organization): | James Peltier, EMH&T |
| Mailing Address (Street, City, State, ZIP): | 5500 New Albany Road, Columbus, OH 43054 |
| Phone Number: | 614.775.4363 |
| Email: | jpeltier@emht.com |

V. REPRESENTATIVE(S): Complete this section if the person/ organization representing the applicant/ property owner is different from the applicant (such as the project manager or property owner's legal council).☐ Not Applicable

| |
|---|
| Name (Individual or Organization): |
| Mailing Address (Street, City, State, ZIP): |
| Phone Number: |
| Email: |

VI. PROPERTY OWNER'S AUTHORIZATION OF APPLICANT(S)/ AUTHORIZED REPRESENTATIVE: The Property Owner listed in Section II must authorize the Applicant listed in Section III and/or the Authorized Representative listed in Section IV to act on the Owner's behalf with respect to this application.☐ Not Applicable

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|--|------------------------|
| I <u>Nelson Yoder</u> , the property owner , hereby authorize <u>James Peltier</u> | |
| To act as my representative(s) in all matters pertaining to the processing and approval of this application, including modification to the application. I agree to be bound by all representations and agreements made by the designated representative (listed in Sections III and/or IV). | |
| Original Signature of Property Owner (listed in Section II): | Date: <u>5/16/2017</u> |
| Subscribed and sworn before me this <u>16</u> day of <u>May</u> , 20 <u>17</u> State of <u>Ohio</u> County of <u>Franklin</u> Notary Public <u>[Signature]</u> | |
|  Dawn R. Russell Notary Public, State of Ohio My Commission Expires 08-25-2018 | |

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representative are essential to process the application. The Property Owner/ Applicant/ Authorized Representative (listed in Section II), hereby authorizes City representatives to enter, photograph, and post a notice on the property described in this application. This is optional, but strongly recommended.

| | |
|---|----------------------|
| I <u>James Peltier</u> , the property owner or authorized representative , hereby authorize City representatives to enter, photograph and post a notice on the property described in the application. | |
| Original Signature of Property Owner or Authorized Representative: <u>James Peltier</u> | Date: <u>5/11/17</u> |

For questions or more information, please contact Planning at 614.410.4600 | www.dublinohioUSA.gov

EVERYTHING GROWS HERE.

VI. APPLICANT'S AFFIDAVIT OF ACKNOWLEDGMENT: This section must be completed with an **original signature** and **notarized**.☐ Original Document Attached

I James Peltier, the **property owner** or **authorized representative**, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct to best of my knowledge and belief.

Original Signature of Property Owner or Authorized Representative: James PeltierDate: 5/11/17Subscribed and sworn before me this 11 day of May, 2017State of Ohio
County of Franklin

Notary Public

Tracy Lynn Foltz

TRACY LYNN FOLTZ
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
August 19, 2019

FOR OFFICE USE ONLY:

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|--|--|
| Case Title: | Date Received: |
| Case Number: | |
| Amount Received: | Next Decision Due Date (If Applicable): |
| Receipt Number: | |
| Reviewing Body (Circle One): ART ARB BZA CC PZC | Final Date of Determination: |
| Map Zone: | |
| Determination or Action: | Related Cases: |
| Ordinance Number (If Applicable): | |

